

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>MM</i>	<i>00811</i>	<i>97</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>443</i>	<i>3/14/08</i>
<b>FORMALITY REVIEW</b>	<i>RS</i>	<i>61780</i>	<i>10-2-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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